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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-20-2008

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil ponalities as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8797	2. Fiscal Year Covered From:	
	1/1/2004 Through: 12/3/12004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Hector Fernundez	Name IBT Loca / #63	
I) C C	Labor Organization File Number 508852	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 12763 Welby WAY	street 845 OALL Park Road	
city No. Hollywood	city Coving	
State C17 ZIP Code + 4 9/60 6	State CA ZIP Code + 491724	
5. Position in labor organization. Ballyry Coordinator / Business Representive.		

Enter appropriate data below if, during the post fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including Icans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seaking to represent.		
6. Name and address of Employer (including		7.a. Nature of Interest, Transaction, or Income.
Name		
P.O. Box, Bldg., Room No., if any) 9	$n n n \ell$
P.O. Box, Blog,, Rocen No., if any 🔾 🗸		11/01
Street		7.b. Amount.
City		
State	ZIP Code +4	
*		

Signature

15. Signature and verification. The undersigned declares, under penalty of Periury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Stoned Nector Fernandy

On 6-12-05

818-764-3455

Name of Person Filing Hector Fernandez	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selfing or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
6, Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZiP Code + 4	a. Labor Organization (b. Trust) SOCA Ballery Oriver. c. Employer		
State 20 SW 17			
10, if 9,b, or 8.c. is checked give trust or employer's name. Name Southern Cali, fornia Bakery Drivens Security Fund Trado Name, if any: SWA P.O. Box, Bldg., Room No., if any 1171 Street City A LHumbra	11.a. Nature of such dealing. Hotel Raim burse ment for trust meetings may office to Hotel expense For Bot meeting off Septential 29.60 Hotel Expense for Bot meeting on 8/20/0 Decay 50.00 Hotel Expense for Bot meeting on 11/56 11.b. Approximate dollar value of such dealing. 12.a. Nature of Interest held or income received.		
State C 14 ZIP Code + 4 9 1801-11	12.b. Amount Jotal Reinhussement - \$675.60		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14,a. Nature of payment.		
Name .			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State ZIP Codo + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		